

FILED APR 14 1949

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. *7394*

BIRTH NO. _____		REG. DIST. NO. <i>38</i>		PRIMARY REG. DIST. NO. <i>3006</i>		Registrar's No. <i>90</i>	
1. PLACE OF DEATH a. COUNTY <i>Boone</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Callaway</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Columbia</i>		c. LENGTH OF STAY (in this place) <i>1 week</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Stephens</i>		d. STREET ADDRESS (If rural, give location) <i>1</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Boone County Hospital</i>							
3. NAME OF DECEASED (Type or Print)		a. (First) <i>ED</i>		b. (Middle) <i>BURNHAM</i>		c. (Last) <i>LIGON</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>April 3, 1949</i>							
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>March 26, 1867</i>		9. AGE (In years, last birthday) <i>82</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Callaway County, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>Nehemiah Ligon</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Chanualt</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Ezra Ligon, Stephens, Mo.</i>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>(1) Gangrene, left leg (2) Myocardial infarction, chronic, severe Arteriosclerosis</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <i>4500</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i> <i>20 years</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>March 16, 1949</i> , to <i>April 3, 1949</i> , that I last saw the deceased alive on <i>April 2, 1949</i> , and that death occurred at <i>5 A. M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <i>James M. Baker</i>		23b. ADDRESS <i>Columbia, Mo.</i>		23c. DATE SIGNED <i>April 5, 1949</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>April 4, 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Old Cedar Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Callaway County, Missouri.</i>	
DATE REC'D BY LOCAL REG. <i>April 6 1949</i>		REGISTRAR'S SIGNATURE <i>Mrs. R. E. Palmer</i>		31		25. FUNERAL DIRECTOR'S SIGNATURE <i>Parker Funeral Service, Columbia, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

100

RECEIVED  
District Health Officer No. 9,  
District No. 10  
Date Filed APR 13 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Chas. L. Tasing

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4132

P. O. Address Columbia, Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.